

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Character Counts Political Action Committee

ADDRESS (number and street)

P O Box 373

☐ Check if different than previously reported. (ACC)

Fairfax Station

VA

22039

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00521757

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☒ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Arceneaux

Signature of Treasurer

Susan Arceneaux

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Character Counts Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 01 2014 To: M M / D D / Y Y Y Y Y Y  
09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		187.26
(b) Cash on Hand at Beginning of Reporting Period.....	304923.26	
(c) Total Receipts (from Line 19) .....	123000.00	445000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	427923.26	445187.26
7. Total Disbursements (from Line 31) .....	422975.50	440239.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4947.76	4947.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Character Counts Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 01 2014

To:

M M / D D / Y Y Y Y  
09 30 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

123000.00

445000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

123000.00

445000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

123000.00

445000.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

123000.00

445000.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

123000.00

445000.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	33491.50	50755.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	33491.50	50755.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	389484.00	389484.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	422975.50	440239.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	422975.50	440239.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	123000.00	445000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	123000.00	445000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	33491.50	50755.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	33491.50	50755.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Character Counts Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gary A Davis**

Mailing Address 800 Market St  
Suite 602

City State Zip Code  
Chattanooga TN 37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAT Carriers

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 28 / 2014

**Transaction ID : 1051**

Amount of Each Receipt this Period

37000.00

Full Name (Last, First, Middle Initial)

**B. Gary A Davis**

Mailing Address 800 Market St  
Suite 602

City State Zip Code  
Chattanooga TN 37402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AAT Carriers

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2014

**Transaction ID : 1052**

Amount of Each Receipt this Period

86000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

123000.00

**TOTAL** This Period (last page this line number only)..... ►

123000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Character Counts Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. New Strategies Group**

Mailing Address 3923 Byron Street

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement  
Consulting: Political Strategy Consultin

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

**Transaction ID : 1053**

Amount of Each Disbursement this Period

15000.00
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Full Name (Last, First, Middle Initial)

**B. Political Compliance Services Inc**

Mailing Address P O Box 373

City	State	Zip Code
Fairfax Station	VA	22039

Purpose of Disbursement  
Consultant: Compliance

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2014

**Transaction ID : 1054**

Amount of Each Disbursement this Period

5350.00
---------

Full Name (Last, First, Middle Initial)

**C. TelOpinion Research**

Mailing Address 3275 Cobbs Dr

City	State	Zip Code
Palm Harbor	FL	34680

Purpose of Disbursement  
Research

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2014

**Transaction ID : 1055**

Amount of Each Disbursement this Period

9000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29350.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Character Counts Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Two Bytes Data LLC**

Mailing Address 2932 Hickory Street

City	State	Zip Code
Alexandria	VA	22305

Purpose of Disbursement  
Data services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : 1056**

Amount of Each Disbursement this Period

300.00
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Full Name (Last, First, Middle Initial)

**B. Venable LLP**

Mailing Address P O Box 62727

City	State	Zip Code
Baltimore	MD	21264

Purpose of Disbursement  
Legal

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

**Transaction ID : 1057**

Amount of Each Disbursement this Period

616.50
--------

Full Name (Last, First, Middle Initial)

**C. Venable LLP**

Mailing Address P O Box 62727

City	State	Zip Code
Baltimore	MD	21264

Purpose of Disbursement  
Legal

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2014

**Transaction ID : 1058**

Amount of Each Disbursement this Period

3180.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4096.50
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33446.50
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 9 OF 11  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Character Counts Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521757	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

  

Full Name of Payee <b>Herd Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 107 South West Street #499		Amount 93252.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 1042
Purpose of Expenditure Media Buy - TN 07/10/14 ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Name of Federal Candidate THOMAS WESTON WAMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		389484.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

  

Full Name of Payee <b>Herd Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 107 South West Street #499		Amount 171967.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 1046
Purpose of Expenditure Media buy - TN 07/29/14 ad		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Name of Federal Candidate THOMAS WESTON WAMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		389484.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

  

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	265219.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Susan Arceneaux

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYY **07 / 11 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 10 OF 11  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Character Counts Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00521757	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>Herd Media</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>08 / 02 / 2014</b>	
Mailing Address 107 South West Street #499		Amount 85115.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 1049
Purpose of Expenditure Media buy - TN 08/02/14 ad		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>08 / 01 / 2014</b>
Name of Federal Candidate THOMAS WESTON WAMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		389484.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>JDA Frontline</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>	
Mailing Address 438 King Street Suite B		Amount 18325.00	
City Charleston	State SC	Zip Code 29403	Transaction ID : 1044
Purpose of Expenditure Production expenses - TN 7/10/14 ad		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 11 / 2014</b>
Name of Federal Candidate THOMAS WESTON WAMP		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		389484.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		103440.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  Susan Arcenaux		Date M M M / D D D / Y Y Y Y Y Y <b>08 / 01 / 2014</b>	
		[Electronically Filed]	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	20825.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	389484.00

Three digital clock displays are shown, each with a different time and date. The first display shows 07:00 on Monday, May 1, 2014. The second display shows 29:00 on Tuesday, May 2, 2014. The third display shows 2014 on Wednesday, May 3, 2014.